

|                             |                         |              |                        |                                     |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>09/225,080 | FILING DATE<br>01/04/99 | CLASS<br>435 | GROUP ART UNIT<br>1649 | ATTORNEY DOCKET NO.<br>PF-0066-2-DI |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------------|

APPLICANT JANICE AU-YOUNG, BERKELEY, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A DIV OF 08/675,508 07/03/96 PAT 5,856,136

KAC

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

(none) KAC

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

(none) KAC

FOREIGN FILING LICENSE GRANTED 02/23/99

|   |   |                     |                           |                        |                       |                            |
|---|---|---------------------|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no | Met after Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>15 | INDEPENDENT<br>CLAIMS<br>3 |
| Verified and Acknowledged                                   |   |                     | Examiner's Initials       | Initials               |                       |                            |

|         |  |
|---------|--|
| ADDRESS | LUCY J BILLINGS<br>INCYTE PHARMACEUTICALS INC<br>3174 PORTER DRIVE<br>PALO ALTO CA 94304 |
|---------|--|

|       |                                |
|-------|--------------------------------|
| TITLE | NOVEL HUMAN STEM CELL ANTIGENS |
|-------|--------------------------------|

|                                     |   |   |
|-------------------------------------|---|---|
| FILING FEE<br>RECEIVED<br><br>\$760 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------------|---|---|